Additive	Composition	Concentration (mg/l)
N/A	N/A	NA
- / /	///	73/11

A. Indicate results of analysis for pollutants listed below.					
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES		
BOD ₅	18	18	1 6 4 comp		
TOTAL SUSPENDED SOLIDS	23	23	4 comp		
FECAL COLIFORM	90	70	1 grap		
TOTAL RESIDUAL CHLORINE	N/A	N/A	NJA		
OIL AND GREASE	<2	< 2	. 1 Grab		
CHEMICAL OXYGEN DEMAND	N/A	N/A	N/A		
TOTAL ORGANIC CARBON	M/a	N/A	N/A		
AMMONIA	176	170	4 comp.		
DISCHARGE FLOW	.002	.002			
РН	7.4	7.4	1 0000		
TEMPERATURE (WINTER)	19.5°C	9.5°C	1		
TEMPERATURE (SUMMER)	19.5°c	19.5°C	1		

B. Frequency and duration of flow:	N	/A		
	- 0			

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):		TELEPHONE NUMBER (area code and number):
Mr. Ms. Michael D. Kenner	Superintende	let (270) 165-2436
SIGNATURE	1	DATE
Michael D. Kenner		5/27/09